## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

RUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks | through 5 should be completed where promoted. All further correspondence including the Patent, advance orders and notification of mantenance fees will be mailed to the current correspondence address as included unless corrected below or furthered otherwise in Block 1, by also pacinity a new correspondence address, and/or b) included and a separate FIEE ADDRESS' for The ADDRESS' for the Patent and the ADDRESS' for the AD maintenance fee notifications

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)

12/20/2002

Infineum USA L.P. Law Department 1900 East Linden Avenue

P. O. Box 710 Linden, NJ 07036-0710

MIssue Fee

Typed or printed name

Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or turnal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fed(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Ston, ISSUE FEE address above, or being facsimile transmitted to the USPTO (\$71) 273-2885, on the date indicated below.

(Depositor's nant Signatu (Date

APPLICATION NO FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/600 302 06/20/2003 Matthew David Irving 20031.003 7665 TITLE OF INVENTION: LOW SEDIMENT PROCESS FOR THERMALLY REACTING HIGHLY REACTIVE POLYMERS AND ENOPHILES

EXAMINER ART UNIT CLASS-SUBCLASS  RABAGO, ROBERTO 1796 525-333900  Change of correspondence address or indication of "Foe Address" (137 2 1.563)  Change of correspondence address (or Change of Correspondence address for PTOS BH 2/2 instead of the PTOS BH 2/2 instead in a Change of Correspondence address for PTOS BH 2/2 instead in Correspondence address for Correspondence address for PTOS BH 2/2 instead in Correspondence address for PTOS BH 2/2 instead in Correspondence address for Correspondence address for Change of Correspondence address for Change of Correspondence address for Change of Correspondence address for PTOS BH 2/2 instead in Correspondence address for Change of Correspondence address	AFFER: TIPE SMAGGENTHY	ISSUE PEE DUE	PUBLICATION PREDUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
RABAGO, ROBERTO 1796 525.333900  **Change of correspondence address or indication of "Foc Address" 137 21.533  **Change of correspondence address (or Change of Correspondence address (or Change of Correspondence address for PLOS BIL 2) stateform for "Rec Address" indication fo	nonprovisional NO	\$1440	\$300	\$0	\$1740	03/20/2008	
Change of correspondence address or indication of "Foe Address" (37 t. 1.63)  \$\text{\$\text{\$\sum \color{1.50}}}\$ (2.75 printing on the patent front page, list \$\$\text{\$\t			CLASS-SUBCLASS	]			
[1] Change of correspondence address (or Change of Correspondence Address from PTO-SB 122) attached.    Tee Address findication for Fee Address indication form PTO-SB 47, 80 v.0.04 or more recently attached. Use of a Customer 2 registered attached attempts of up to 3 registered patient attorneys? I are supply the name of a single firm floaving as a member a registered attorney or agent) and the names of up to 3 registered patient attorneys? I are supply the names of up to 3 registered patient attorneys? I are supply the names of up to 3 registered patient attorneys? I are supply the names of up to 3 registered patient attorneys? I are supply the names of up to 3 registered patient attorneys as member a registered attorney or agent) and the names of up to 3 registered patient attorneys as a member a registered attorney or agent) and the names of up to 3 registered patient attorneys a result of the names of up to 3 registered patient attorneys a result of the names of up to 3 registered patient attorneys a result of the names of up to 3 registered patient attorneys as a member a registered patient attorneys are sent for the names of up to 3 registered patient attorneys are sent for the names of up to 3 registered patient attorneys are sent for the names of up to 3 registered patient attorneys are sent for the names of up to 3 registered patient attorneys are sent for the names of up to 3 registered patient attorneys are sent for the names of up to 3 registered patient attorneys are sent for the names of up to 3 registered patient attorneys are sent for the names of up to 3 registered patient attorneys are sent for the names of up to 3 registered patient attorneys are sent for the names of up to 3 registered patient attorneys are sent for the names of up to 3 registered patient attorneys are sent for the names of up to 3 registered patient attorneys are sent for the names of up to 3 regi			525-333900	,			
Number is required.	Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication for "Fee Address" indication form		(i) the names of up to 3 registered patent attorneys or agents OR, alternatively.  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to		era 2	23	

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

UNITED KINGDOM INFINEUM INTERNATIONAL LIMITED Please check the appropriate assignce category or categories (will not be printed on the patent) : 🔲 Individual 🕱 Corporation or other private group entity 🚨 Government

4a. The following fee(s) are submitted:

4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.

Payment by credit card. Form PTO-2038 is anached.

The Director is hereby authorized to charge the required foc(s), any deficiency, or credit any overpayment, to Deposit Account Number 0517/0 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, or the assignce or other party in interest as shown by the records of the United States Patent and Trademore Office.

Date JANUARY 3, 2008 Authorized Signature JACOB

This collection of information is required by 37 CFR [,31]. The information is required to obtain or testing a benefit by the public which is to fife und by the LSPTO to process) application. Conflictationally is governed by 35 U.S.C. [,22 and 37 CFR ], 14. This collection is estimated to take 12 minutes to complete, including gathering proprinting, and affiling the complete application from to the LSPTO. These will very deepending upon the insighted angle according to the time pure required to complete operations, and the complete of t

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Publication Fee (No small entity discount permitted)

Advance Order - # of Copies